

(Mr. ENGLISH of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

BLACK AIDS AWARENESS DAY

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE. Madam Speaker, today is Black HIV/AIDS Awareness Day, a day when we urge African Americans to get educated, get involved and get tested. On Monday, the House passed my resolution H. Con. Res. 35, recognizing the goals and the ideals of Black HIV/AIDS Awareness Day.

The global HIV/AIDS pandemic is simply devastating black America, Africa and the Caribbean in disproportionate numbers to the rest of the world. With 40 million people infected around the world, over 1 million of which are right here in the United States, this disease is as much a problem in South Africa as it is in my district in Alameda County.

In the United States, among young people, among women, and among men, African Americans are at the most risk of getting infected with HIV, of developing AIDS and of dying of this disease. The unfortunate reality is that to be black in America is to be at greater risk of HIV and AIDS.

The numbers are staggering, but let me just mention a few specifically. According to CDC, in 2005, African American women accounted for 66 percent of all new HIV/AIDS cases among women. Compared to white women, African American women were 25 times more likely to be infected. Today, AIDS is the number one, number one cause of death among African American women between the ages of 25 and 34. That is, quite frankly, just mind boggling.

Black gay men are also heavily affected by this disease. In 2005, CDC surveyed black gay men in five United States cities and found that 46 percent, 46 percent were HIV positive. The situation is just as stark in my own district. In Alameda County, over 6,600 cases of AIDS have been diagnosed since 1980, and nearly 4,000 people have died. Of those numbers, African Americans represent well over 40 percent of the cumulative AIDS cases and AIDS deaths in the county.

In 1998, we became the first county in the nation to declare a state of emergency in the African American community. We tapped into the emergency funds and started a community-wide task force that included local AIDS service organizations, elected officials and county health departments. Together, this task force sought to provide a focused and very targeted response to the AIDS epidemic within the African American community in Alameda County.

At the same time, here in Congress, with the leadership of my colleague, Congresswoman MAXINE WATERS, who

was then chair of the Congressional Black Caucus, and Congresswoman DONNA CHRISTENSEN, and, of course, with President Clinton signing this, we created the Minority AIDS Initiative in 1998. I have to thank the gentlelady from California for her leadership in helping us break the silence here on Capitol Hill with regard to the devastating cases and the situation of African Americans in America as it relates to HIV and AIDS, and recognizing the inability of our traditional programs to serve the minority communities.

The Minority AIDS Initiative was specifically designed to build capacity and to expand HIV/AIDS outreach activities so that we can target programs and services, target them directly to those who need them. It took us 8 years, but I am happy to say that, last year, we finally codified the Minority AIDS Initiative by passing the Ryan White Treatment Modernization Act at the end of the Congress last year, which included the Minority AIDS Initiative.

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But now, of course, what do we have to do? We have got to fully fund it. We need a minimum of \$61 million, and that is just a drop in the bucket. We need billions of dollars to address this pandemic. And at the same time we have got to go further. We have got to get to the real factors that are ultimately driving the epidemic in the African American community: poverty and discrimination, the lack of affordable housing, the disproportionate rates of incarceration among black men, poor access to care, and limited cultural competency for health service providers.

All of these deserve our attention and deserve action. We can start to get at one of these factors by ending really what this is, is a head-in-the-sand approach to HIV prevention that is turning our prisons, really turning our prisons into a breeding ground for this disease.

We need to provide routine, but rigorous opt-out HIV testing that is linked with treatment for all incarcerated persons. Congresswoman WATERS, I am sure she will talk about her bill in her presentation. But this is, again, a major step in the right direction. We have got to pass Congresswoman WATERS' bill, my bill, H.R. 178, which is called the Justice Act. This would allow condoms in our prisons and demand accountability in stopping the spread of HIV and other sexually transmitted infections among incarcerated persons.

We have got to do this. This is a crisis. And we have to do this part, our part, in Congress to make sure that this happens. We must continue to work with advocates and health providers and faith communities to raise awareness, to get tested and to get active in our communities.

We participated last year with the International Aids Conference in To-

ronto, and there were wonderful, unbelievable activists at that conference from America, African Americans, who came to Toronto to raise the plight of the African American AIDS pandemic to the international level.

Many were amazed that here in America we have a pandemic that is just killing many of our communities. At that conference many of our civil rights organizations recommitted themselves to making the stamping out of HIV and AIDS a top priority in terms of their overall objectives.

The SPEAKER pro tempore (Ms. SOLIS). Under a previous order of the House, the gentleman from Kansas (Mr. TIAHRT) is recognized for 5 minutes.

(Mr. TIAHRT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

LIFT THE RESTRICTION ON MEMBER TRAVEL ON PERSONAL AIRCRAFT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Mexico (Mr. PEARCE) is recognized for 5 minutes.

Mr. PEARCE. Madam Speaker, I appreciate the opportunity to address the group today. I represent the southern district of New Mexico, New Mexico 2. I come with a chart today, and with a map of the district.

Now, if you can visualize, I live all the way on the east side of the State, Hobbs, New Mexico. We are about 3 miles from the Texas border and represent all of the way to Arizona. Now, it is almost a 9- to 9½-hour drive to come across to the Silver City area, and then if we have to go further north up into the Zuni area, it takes an additional 2 to 3 hours.

So each time I go home is a lot of miles. On a 3-day weekend, we have made up to 1,000 miles. On the 10-day breaks, we have been known to make up to 2,500 miles with events all of the way across. And then on our first 30-day break, our August break in my first year here, we had 29 different motel rooms and about 6,500 miles that we made to cover this large district.

Now, my particular approach today is to talk about a rule that the new majority put into place when we voted on January 4, 2007. I will read from those rules, House Resolution 6, section 207, rule 23, item 15(a). A Member, Delegate or Resident Commissioner may not use personal funds, official funds or campaign funds for a flight on a nongovernment airplane that is not licensed by the FAA to operate for commission or hire.

Now, in the FAA there are basically two categories of operating for hire. There is the category of airlines. Those operate under section 121 of the FAA rules. The second section that is predominately used is section 135; that is, the charters. Those are the private aircraft that are used that you call, and